

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

29-857077

FILING DAY

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.	13					
TOTAL COMB.	14					

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TOTAL IND.			
TOTAL DEP.			
TOTAL COMB.			

PTO-8300 (2-74)

DO NOT USE THIS FORM FOR ADDITIONAL CLAIMS OR AMENDMENTS

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